



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

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Dear Colleague:

This is to provide you with additional information and clarification regarding the Fiscal Year (FY) 2009-2010 service definitions and summarize the impact on updating the Services and Support Directory (SSD) in the Home and Community Services Information System (HCSIS).

As you know, the Office of Developmental Programs (ODP) established and communicated a February 6, 2009 deadline for making FY 2009-2010 updates to the SSD. We have conducted an analysis of the data resulting from those SSD changes. Listed below is important information that each provider may need to know:

1. Many providers of licensed residential habilitation services did not enter supplemental habilitation (W7070) as a service to be provided at their residential service locations. While the conditions under which this service can and will be authorized are very limited, providers should add this procedure code and service to the SSD now in the event that a situation arises where it may be necessary to use supplemental habilitation staff in the future. In the event that a provider does not add the supplemental habilitation service to the SSD, it can be entered on an "as needed" basis. However, enrollment and entry of a contract and rate in HCSIS will need to occur **prior** to inclusion in the Individual Support Plan (ISP) and service authorization. This could delay provider payment.
2. ODP has made the following changes to accommodate overnight respite in a licensed residential habilitation setting:
 - a. ODP has added new procedure codes for overnight, 24 hour respite provided in waiver-funded licensed settings under 55 Pa.Code Chapters 6400, 6500, 5310, and 3800 when there is a temporary vacancy. These new procedure codes are associated with the same provider type as the licensed residential service (provider type 52). This will eliminate the need for someone providing respite in a vacancy to complete another

PROMISe™ enrollment application for provider type 51. The unit of service is a day unit. The rate paid for the respite service will be a combination of both the eligible and ineligible residential habilitation service rates established for that specific residential service location. These new procedure codes are available in HCSIS for providers to add to their service offerings as of April 22, 2009. A chart of the new procedure codes for respite in a residential home is below:

Procedure Code	Service Name	Service Description	Billing Unit
W9591	Respite, Child Residential Service, 24 Hours	Respite provided by the Licensed Child Residential Service under 55 Pa. Code Chapter 3800.	Day
W9592	Respite, Community Residential Rehabilitation, 24 Hours	Respite provided by the Licensed Community Residential Rehabilitation under 55 Pa. Code Chapter 5310.	Day
W9593	Respite, Family Living Homes, 24 Hours	Respite provided by the Licensed Family Living Home under 55 Pa. Code Chapter 6500.	Day
W9594	Respite, Community Homes, 24 Hours	Respite provided by the Licensed Community Home under 55 Pa. Code Chapter 6400.	Day

- b. Payment for overnight respite provided in a licensed setting where there is a vacancy cannot occur for the same date(s) of service as payment for the vacancy. Payment for overnight respite in a licensed setting when there is a vacancy will not count as part of the 60 allowable days of payment for a permanent vacancy. If, for example, the vacancy becomes available on August 1, 2009 and respite is provided on September 1 through September 5, the 60th day of allowable payment for the permanent vacancy concludes on October 5, 2009.
- c. Although these changes are intended to facilitate the delivery of respite services, ODP anticipates that providers and Administrative Entities (AEs) will continue to exercise judgment in making decisions about whether the person seeking respite can be appropriately supported in the vacant bed and that the other residents of the home will not be adversely affected in any way by use of the home for respite on a temporary basis.

- d. Licensed homes that typically provide respite (that is, respite homes) are not affected by this change. Such homes will continue to use the existing overnight respite provider type designation and procedure codes (W7259, W7260, W7262, W7263, W7299, W7300).
3. Respite and Family Aid Services and procedure codes specific to base-funded services have been added, effective July 1, 2009. If you provide any of these services to individuals who are not in the waivers, please list the services in the SSD. Please refer to Bulletin 00-08-17 "*Service Definitions*", starting on page 37 for more details.
4. There are changes to the Respite Ineligible procedure codes, as detailed below. Both HCSIS and PROMISe have been updated to include these new procedure codes. Providers should update the SSD to reflect the ineligible codes, if appropriate, that relate to the respite service provided at their site locations.
- a. Existing Procedure Code W8400 has been renamed Respite Day Camp, Ineligible, 15 Minutes. Code W8400 will be used to bill the ineligible costs of respite camp that are associated with procedure code W7286, Respite Day Camp, 15 Minutes, Eligible.
- b. Existing Procedure Code W8401 has been renamed Respite Camp, Ineligible, 24 Hours. Code W8401 will be used to bill the ineligible costs of respite camp that are associated with procedure code W7285, Respite Camp, 24 Hours, Eligible.
- c. For Respite, Unlicensed Out of Home, 15 Minutes, ODP has added an ineligible procedure code for each respite staffing level. The chart of Respite Unlicensed Out of Home 15 Minutes Ineligible codes is below:

Procedure Code	Service Name	Service Description	Billing Unit
W6066	Basic Staff Support Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 1:4.	15 minutes
W6067	Staff Support Level 1 Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes

Procedure Code	Service Name	Service Description	Billing Unit
W6068	Staff Support Level 2 Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 1:1.	15 minutes
W6069	Level 2 Enhanced Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 1:1 with a staff member who is licensed or degreed.	15 minutes
W6070	Level 3 Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 2:1.	15 minutes
W6071	Level 3 Enhanced Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 2:1 with staff members who are licensed or degreed.	15 minutes

- d. For Respite, Unlicensed Out of Home, 24 Hours, ODP has added an ineligible procedure code for each respite staffing level. Both HCSIS and PROMISE have been updated to include these new procedure codes. Providers should update the SSD to reflect the ineligible codes, when appropriate, that relate to the respite service provided at their service locations. The chart of Respite Unlicensed Out of Home 24 Hours Ineligible codes is below:

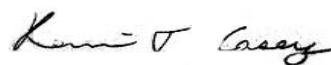
Procedure Code	Service Name	Service Description	Billing Unit
W6060	Basic Staff Support Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 1:4.	Day
W6061	Staff Support Level 1 Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of <1:4 to >1:1	Day

Procedure Code	Service Name	Service Description	Billing Unit
W6062	Staff Support Level 2 Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 1:1.	Day
W6063	Level 2 Enhanced Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 1:1 with a staff member who is licensed or degreed.	Day
W6064	Level 3 Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 2:1.	Day
W6065	Level 3 Enhanced Ineligible Costs	The ineligible (room and board) portion of the unlicensed out-of-home respite service provided at a staff-to-individual ratio range of 2:1 with a staff member who is licensed or degreed.	Day

5. If you are providing nursing or therapy services as a result of unbundling, please remember that you need a National Provider Identifier (NPI) number. For additional information, see the OMAP website at <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/npiinfo/default.htm>.

Thank you for your continued cooperation and efforts as we transition to payment through Treasury.

Sincerely,



Kevin T. Casey